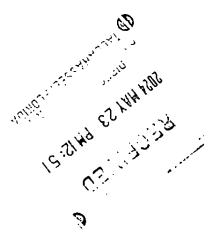
P24000035072

(Requestor's Name)	
	Address)	
,	133,033)	
(,	Address)	· · · · · · · · · · · · · · · · · · ·
(1	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
_	_	_
(Business Entity Name)	
(Document Number)	
Cartificat Canian	Martification of I	C*-*
Certified Copies	Certificates of t	Status
Special Instructions to F	iling Officer:	
		-

Office Use Only



200429989462



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

-	<i>⇔WALK 1</i>
oldings, Inc.	
	
PLEASE FILE T	HE ATTACHED AND RETURN
Plain Copy	
Certified Copy	
Certificate of Status	
, , ,	
APOSTILLE' / I	NOTARIAL CERTIFICATION
TION	
TES REQUESTED	
	ACCOUNT #: I20160000072
	5 8 FM
/ /	any issues or concerns. Thank you so much!
	**PLEASE FILE TO Plain Copy Certified Copy Certificate of Status PLEASE OBTAIN THE I Certified Copy of Art Certificate of Good St **APOSTILLE' / I TION

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CLE I NAME OF THE OFFICE OFFI	TID OF OFFICE		
Meadowlane Ave	Principal street address nue 04-4952	<u>.</u>	ailing address, if different is:

	DSE Any and a	Il lawful bucings	
urpose for which t	he corporation is organized is: Any and a	ii iawiui business	·
ICLE IV SHARI	ES 1,000 Common Shares		
TICLE IV SHARI number of shares of	ES stock is: 1,000 Common Shares		
ICLE V INITIA	L OFFICERS AND/OR DIRECTORS		
ICLE V INITIA			
ICLE V INITIA	L OFFICERS AND/OR DIRECTORS	tary Name and Title:	
Name and Title	Adam Blumeneranz, Director and Secrets:	tary Name and Title:_ Address:	
Name and Title	Adam Blumeneranz, Director and Secret: 3 Oak Tree Court Sands Point, NY 11050	tary Name and Title:_ Address:	
Name and Title Address	Adam Blumeneranz, Director and Scere 3 Oak Tree Court Sands Point, NY 11050	tary Name and Title: Address: 	
Name and Title Address	Adam Blumeneranz, Director and Secretical Adam Point, NY 11050 Hillel Frankel, President	tary Name and Title: Address: Name and Title:	
Name and Title Address Name and Title:	Adam Blumeneranz, Director and Secretical Adam Point, NY 11050 Hillel Frankel, President	tary Name and Title: Address: 	
Name and Title Address Name and Title:	Adam Blumeneranz, Director and Secret: 3 Oak Tree Court Sands Point, NY 11050 Hillel Frankel, President 250 Appin Avenue	tary Name and Title: Address: Name and Title:	
Name and Title Address Name and Title: Address	Adam Blumeneranz, Director and Secrets 3 Oak Tree Court Sands Point, NY 11050 Hillel Frankel, President 250 Appin Avenue Montreal, Quebec, Canada, H3P 1V8	tary Name and Title: Address: Name and Title: Address: Address:	
Name and Title Address Name and Title: Address	Adam Blumeneranz, Director and Scere 3 Oak Tree Court Sands Point, NY 11050 Hillel Frankel, President 250 Appin Avenue Montreal, Quebec, Canada, H3P 1V8	tary Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	
Name and Title Address Name and Title: Address	Adam Blumeneranz, Director and Secrets 3 Oak Tree Court Sands Point, NY 11050 Hillel Frankel, President 250 Appin Avenue Montreal, Quebec, Canada, H3P 1V8	tary Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	

Name and	Title:	Name and Title:	
Address		Address:	
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	NRAI Services, Inc.		
Address:	1200 South Pine Island Road		
	Plantation, FL 33324		
ARTICLE VII - E	NCOR <u>PORATOR</u>		
The name and add	ress of the Incorporator is:		
Name:	Hillel Frankel		
Address:	250 Appin Avenue	<u></u>	
	Montreal, Quebec, Canada, H3P 1V8		
ARTICLE VIII E	EFFECTIVE DATE: her than the date of filing:	(OPTIONAL)	1
(If an effective dat filing.)	e is listed, the date must be specific and can	not be more than five days p	rior or 90 days after the
	iserted in this block does not meet the applicable tive date on the Department of State's record		s, this date will not be listed as
certificate, I am fan	d as registered agent to accept service of process miliar with and accept the appointment as regist by, Assistant Secretary of NRAI Services, Inc		
By: /s/ Lisa			May 23, 2024
	Required Signature/Registered Agent		Date
I submit this docur document to the De	nent and affirm that the fact, stated herein ar partment of State constitutes a third degree felo	re true. I am aware that the fa ony as provided for in s.817.152	alse information submitted in a 5, F.S.
	HAS		May 23, 2024
Required Signature	/Incorporato	Da	ite

: